

A Guide to Safer Sex Techniques

Produced by the Society for Human Sexuality at the University of Washington

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Revision 1.3.5 - February 21, 1996

1. Introduction

1.1 Goal

The goal of this guide is to give people of all genders, orientations, and preferences the information they need to perform a wide variety of sexual acts safely, pleasurably, and comfortably.

1.2 References and Credits

Material for this guide was compiled from a variety of sources, including first-hand experiences of STD counselors and educators, advice from a variety of highly sexually active people, and existing literature. For more rigorous documentation and referencing of various medical STD studies, see *Choices: Sex in the Age of STD's* by Jeffrey S. Nevid (1995), or *Human Sexuality Today*, 2nd Ed. by Bruce M. King (1996). Society for Human Sexuality and the authors of this guide accept no liability for any injury which may befall any individual as a result of performing activities described herein, and make no guarantees or warranties concerning this document. As safety recommendations often change based on new medical discoveries, we urge you to augment this guide with the best and most current information available to you.

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2. Contraception and STD Prevention

The subject being dealt with in this document is STD prevention, not birth control. Of all of the STD-preventative supplies and techniques that will be discussed, only condoms and spermicidal products are also effective tools for contraception, and then only when they are used together and are used properly and consistently by male/female couples engaging in penile/vaginal intercourse. We urge you to see a health care provider, student health clinic, or Planned Parenthood clinic if you need an effective means of birth control.

3. Terminology

3.1 Sex

Sex is any activity that one engages in for erotic pleasure or reproduction. Sex includes, but is not limited to, vaginal intercourse, anal intercourse, oral intercourse, manual manipulation of the anus or genitals, SM play, mutual masturbation, solo masturbation, fantasy, cunnilingus, anilingus, penetration with dildos, etc. Sex is still sex whatever the gender, orientation, preferences, or number of the participants.

3.2 Safe, Safer, and Unsafe

* "Safe Sex" is sex which affords NO risk for disease transmission or injury. Fantasy, masturbating yourself, hot talk, and non-sexual massage on healthy skin, for example, fall in this category. * "Safer Sex" is sex which affords ALMOST NO risk for disease transmission or injury. When using effective barriers, vaginal/anal intercourse, cunnilingus/anilingus, fellatio, and manual penetration all fall in this category. * "Unsafe Sex" is sex which affords a HIGH risk for infection or injury. Anal or vaginal intercourse without a condom falls in this category.

For the purposes of this document, we will for the most part limit ourselves to discussions of "safe, safer, and unsafe" in the context of disease transmission. It should be noted, though, that disease is not the only potential hazard in sex. It is possible, for example, to injure someone with a dildo if they are penetrated with it beyond their anatomical limits. The general guard against mishaps such as this is to listen to one's partner, and to heed any feedback they give you as to how something feels.

For sex to be consensual, partners must heed each others' requests to slow down, back off, or stop. If you feel that your partner would not honor a direct request to stop doing something to your body, you might consider whether any sex with that person is "safe." Even when sex is consensual, it is important to be sufficiently sober, sane, communicative, and aware to effectively sense pain or danger and communicate that to a partner. There are a variety of excellent books and techniques available that are designed to help people communicate better about sexual matters, and we urge you to browse your local bookstore for one that suits you.

3.3 Barriers

A barrier is any physical object which allows sex that would otherwise be unsafe to be safer or safe by preventing transmission of body fluids. Barriers discussed in this document include condoms, gloves, and oral barriers.

4. Positive Benefits of Safer Sex

4.1 Pleasurable

* Can become positively eroticized through association with pleasure * Gives one peace of mind * Can help penile/vaginal intercourse to last longer, if that is desired * Allows greater comfort when penetrating an anus with a hand, and makes the practice of anal eroticism more attractive for some people * Can provide a range of NEW sensations, which some people find highly pleasurable

4.2 Practical

Keeps your sex toys clean

Makes sex less "messy"

Can provide additional protection against pregnancy for penile/vaginal intercourse

Protects one from diseases which are lethal (such as HIV/AIDS), as well as from a range of others that, though non-lethal, are very annoying and very common

4.3 Social

- Demonstrates courtesy and respect towards one's partner
- Avoids awkwardness or embarrassment with new partners who practice safer sex exclusively
- Allows one to "fit in" better into many sex-positive communities, where the safe sex precautions described here are generally required for sex or SM parties
- Frees one from having to depend exclusively on a partner knowing and telling you the truth about their disease status

5. Tips for Great Safer Sex

5.1 Manual Stimulation

5.1.1 Women (the Clitoris and G-spot)

Many women experience orgasm and/or highly pleasurable sensations through intentional stimulation of the clitoris or G-spot (the G-spot is often located on the forward wall of the vagina, just beyond the pubic bone) more easily than they experience it through ordinary vaginal penetration by a penis or dildo. Ordinary "thrusting" sex, if that is desired, is often MUCH more enjoyable for women after arousal or orgasm. G-spot stimulation is usually easiest to accomplish with a gloved hand, and clitoral stimulation is usually easiest to accomplish with either a gloved hand, a vibrator, or a tongue (through an oral barrier). Many women find that consistent, reliable, protracted clitoral stimulation best assists in achieving clitoral orgasm; as is also the case with G-spot stimulation, listening to the feedback of one's partner is the key to pleasure.

5.1.2 Men (the Prostate Gland)

Stimulation of the prostate gland can often cause an increase in the pleasure caused by penile stimulation, or can feel great even without penile stimulation. Prostate stimulation is usually easiest to accomplish with a gloved hand, exerting mild pressure against the forward wall of the anus. The prostate gland is typically more easily palpable than the G-spot, and often feels like a gentle dome. As is the case with the G-spot, one should listen to the feedback of one's partner when finding the prostate gland, as its location can vary from person to person. Using gloves on both hands, one may stimulate the prostate gland at the same time one is masturbating the penis. In general, most men prefer a firmer touch on their genitals than many women assume would be comfortable, and many enjoy firm tugging on the scrotum.

5.2 Use of Sufficient Lubricant

Most penetrative sex or manual stimulation feels better for both parties when sufficient lubricant is used. Lubricants also assist the efficacy rate of barriers. Water-based lubes such as ForPlay, Astroglide, and Liquid Silk are the most versatile.

5.3 Deep Breathing

Breathing rhythmically and deeply before and during sex can increase one's pleasure. See Annie Sprinkle's videotape *Sluts and Goddesses* for a humorous demonstration of this technique. In general, meditation and "focusing" techniques such as this are often used to great effect by Tantric sex practitioners, and by others who may have a purely secular viewpoint. Elements of atmosphere and ritual, such as turning off the telephone, putting good music on the CD player (on repeat play), engaging in rhythmic touching/caressing, keeping protracted eye contact, and lighting candles, are also helpful for many people.

5.4 PC Muscle Contraction

Contraction of a special muscle called the PC (Pubococcygeus) muscle can increase sexual pleasure,

and is valuable for both women and men. See a text such as *The Good Vibrations Guide to Sex* for details on how to identify this muscle, exercise it, and utilize it during sex. Briefly, though, the muscle of interest may be located when urinating, by noticing what muscle you contract to stop the flow of urine. This is the PC muscle, and it may be exercised by contracting it repeatedly and rhythmically, or by contracting/inhaling and relaxing/exhaling. It may be used during sex by contracting it when close to orgasm.

5.5 Good Communication

There isn't a substitute for being able to tell your partner during sex when something doesn't feel good, or when it does. There isn't a substitute for actually asking for what you want, and for learning over time what your partner likes. Higher levels of communication on sexual matters will tend to increase both the pleasure and the safety of all involved. Furthermore, knowledge of your partner's fantasies will allow one to construct verbal/theatrical fantasies and hot talk for them during sex to heighten their pleasure. Many people find that it is easier for them to reveal their fantasies to someone else while they are being sexually stimulated. "Tell me your deepest fantasy or I'll stop moving my hand" works wonders with many folks.

5.6 Learning More and Trying New Things

An EXCELLENT book on general sexuality is *The Good Vibrations Guide to Sex*, by Cathy Winks and Anne Semans (1994). This book will also provide details on all of the techniques mentioned above.

6. Introduction to Safer Sex Supplies

6.1 Barriers (Condoms, Gloves, and Oral Barriers)

6.1.1 General Use Guidelines

To be most effective, barriers must be used from start to finish, correctly, every time you have sex. Use a new barrier with every partner, check the barrier periodically during sex, and discard used barriers immediately. One may also wish to set out before having sex all the barriers one might use and place them within easy reach; this can save one from fumbling later.

Also, there are occasions where one would wish to change barriers with the same partner; typically, this is done when changing to a new orifice or contact region, to avoid transferring bacteria from one region to another. The classic example of this is having a fresh glove or condom when you switch from the anus to the vagina; transferring bacteria found in the anus to the vagina can often cause vaginitis.

Sometimes barriers (gloves, generally) are lightly powdered. If this is the case and either you or your partner find the feel or taste of the powder unappealing, you may rinse off the powder with running water. In the case of gloves, you may also purchase them in powder-free styles.

One general comment with barriers is that you should be careful removing them after use if possibly infected materials are present on them. If they cannot be removed without you coming into contact with possibly infected materials, at the least remove them with some sort of tissue paper or towelette between you and the barrier (this is especially effective for condoms), or have the partner who came into contact with the outside of that barrier remove it for you. It is best to turn gloves inside out as you remove them; after one glove is turned inside out, you may optionally drop any used condoms and/or oral barriers inside it before placing it in the other gloved hand and turning the other glove inside out around it and discarding.

Used latex materials should not be flushed down the toilet (as they tend to cause clogging), but rather should be discarded in a trash receptacle, preferably one with a disposable plastic liner. Condoms may

be left in the tissue paper or towelette they were removed with.

6.1.2 Making Barriers More Pleasurable

6.1.2.1 General Comments

The use of any barrier can become more pleasant over time, as it becomes associated with pleasurable stimuli and one becomes more skilled with its use. Also, some people have eroticized barriers by wearing them: this may be part of the popularity of latex fetish apparel.

6.1.2.2 Things that Make Your Barrier Taste Better

When people complain about barriers tasting bad, it is usually because the barriers have been coated with something unpleasant. Plain latex, nitrile, polyurethane, etc. have no taste of their own. Common coating taste offenders are Nonoxynol-9 (HORRIBLE taste!) and the powder which is present on some non-lubed condoms and pre-powdered gloves (though note that you can rinse the powder off the outside of gloves with running water). The taste of pre-lubed condoms without N-9 depends on the type of lube used; Kimono MicroThin condoms, for example, taste fine.

Using flavored barriers (ala Sheik or Lifestyles mint condoms or Glyde "Lollyes"), using a flavored water-based lube on the barrier, or dipping the material in something more tasty (and fat free, in the case of latex barriers...) are also options.

6.1.3 Specific Barrier Materials

6.1.3.1 Lambskin, etc.

Barriers made of lambskin and similar materials are too porous to prevent transmission of viruses such as HIV, which are smaller than sperm cells or bacteria.

The only safer sex purpose that comes to mind for a lambskin condom (which is the only type of barrier this material is made into) would be if a man was allergic to latex, and so he wore a latex condom over a lambskin one, or if his partner was allergic to latex, and so he wore a lambskin condom over a latex one. However, one could also use a polyurethane condom in this case and hence avoid having to wear any condom but that one (assuming that polyurethane condoms fit him properly). Although a lambskin condom is better than nothing, most people will have no need to purchase them.

6.1.3.2 Latex

This is the most popular material for barriers. Latex condoms, gloves, and oral barriers have been shown to protect against the transmission of HIV and other STD's. Latex barriers are inexpensive and commonly available in a wide variety of different styles.

Any barrier made out of latex should not be exposed to anything with oil in it as oils will cause the latex to disintegrate. Thus, water based lubes should be used exclusively. Latex can also be damaged by excessive exposure to air, sunlight, heat, or cold. The simplest storage solution is to keep latex condoms out of wallets/glove compartments and in their packages, and to keep latex oral barriers and latex gloves either in their boxes or in a plastic bag within one's toy bag. If latex appears sticky, marbled, discolored, brittle, or damaged, don't use it.

6.1.3.3 Polyurethane

Polyurethane does not degrade when it comes into contact with oil, and it may transmit sensation better

then latex. It may also be valuable for people with latex allergies.

According to lab tests, polyurethane should provide protection against transmission of HIV and other STD's. However, the only two barriers this substance has been formed into, the Avanti male condom and the Reality female condom, do not suit everybody in terms of construction and shape.

6.1.3.4 Nitrile

Nitrile does not degrade when it comes into contact with oil, and it may transmit sensation better than latex. According to lab tests, it provides protection against transmission of HIV and other STD's. Also, nitrile can be valuable in cases of latex allergy.

Currently, the only barrier this substance is formed into is nitrile gloves. Some people find the texture of these gloves to be unpleasant, while others prefer their texture to latex. Nitrile is more puncture-resistant than latex, but tears in it spread more rapidly. Note that many consider this to be a benefit; if the glove is torn, it is torn regardless of the size of the tear, and it is better that the tear be noticeable so you can know to change the glove.

6.1.3.5 Saran Wrap

Saran Wrap doesn't degrade in the presence of oil, and may transmit sensation better than latex. Lab tests indicate it can prevent transmission of Herpes, which is smaller than HIV. There is no reason to believe that "Microwaveable" Saran Wrap provides any less protection than regular Saran Wrap. Saran Wrap's STD prevention use is limited almost exclusively to forming a barrier for cunnilingus and analingus.

6.1.3.6 Vinyl

Often, one finds gloves in medical or veterinary supply stores made of a substance called vinyl. Vinyl has not been tested as thoroughly as latex for its efficacy as an STD barrier, and most people find the feel of it to be less pleasant than latex. The use of vinyl gloves is not recommended.

6.2 Lubricants

6.2.1 Purpose and Use

The use of lubricants can protect barriers against friction that might otherwise tear them; the use of sufficient lubricant thus increases the efficiency of many barriers, especially condoms and gloves. The use of sufficient lube on the outside of a condom can help prevent any chance of condom slippage, as long as it is reapplied when necessary.

The use of lubricants can make pleasurable and comfortable anally or vaginally penetrative sex and masturbation. Most experts recommend the use of lubricants for anal sex universally to avoid anal fissures, and almost everyone reports that vaginal sex and masturbation feel better when it is being used. The liberal use of lube is generally considered a basic principle of maximally pleasurable sex.

As most lubricants transmit thermal energy well, they can increase the sensation transmitted through a barrier. Lubricants can also cause the barrier to move in a stimulating way against the skin. These are the rationales behind putting a small drop of lube inside a condom at the tip, on the genital/anal side of an oral barrier, or on one's fingertips before putting on a glove. The hope is that it will increase sensitivity and pleasure. Lubes are available with and without Nonoxynol-9; however, see the portion of this document which discusses Nonoxynol-9 for information that will help you decide whether to use it or not.

One technique which experts at anal play sometimes use is to connect the syringe applicator that is packaged with the yeast infection product Miconazole to a tube of KY lube. One may then fill the syringe from the KY tube and inject it into the anus; this tends to release just the right amount, in just the right place. The same applicator should not be used with more than one person and should not be used for anal play purposes if it has already been used with Miconazole for medicinal purposes (similarly, one should not generally share the nozzles from enema equipment).

6.2.2 Common Lubricant Materials

6.2.2.1 Oil-Based Lubes

No lube with oil in it should be used with a latex barriers. Oil causes latex to degrade and ultimately tear; many of the reported failures of latex condoms occur because an oil-based lube was used as a lubricant. Also, oil-based lubes used in the vagina may increase the probability of vaginitis. Note that many products such as hand and body lotions contain oils.

Since most barriers available are latex based (nitrile and polyurethane are rare), you should assume that a barrier is latex, and hence shouldn't come into contact with anything bearing oil, unless you KNOW otherwise.

If oil-based lubes are going to be used (and again, they should only be used with barriers made out of substances other than latex, such as nitrile or polyurethane), it is preferable from a health standpoint to select a vegetable-based product, such as sunflower oil or Crisco, instead of a petroleum based product, such as Vaseline.

6.2.2.2 Water-Soluble Lubes

These are different from "water-based" lubes. Water-based lubes are safe to use with latex, whereas water-soluble lubes are not.

6.2.2.3 Silicone-Based Lubes

These are safe to use with latex, as well as with polyurethane and nitrile.

6.2.2.4 Water-Based Lubes

These are safe to used with latex and any other type of barrier. Water-based lubes should form the bulk, if not the sum-total, of your lube supply.

Water-based lubes tend to dry out during prolonged use. One may either reapply them, or spray the area with water from a spray bottle to reconstitute the lube. It should be reapplied or reconstituted as necessary to yield the ordinary benefits of lube.

If you find that irritations such as vaginitis are a persistent problem (assuming you have eliminated the possibilities of being allergic to any spermicide being used and of being allergic to the barrier material itself), try switching to a lube which does not contain sugars, such as Liquid Silk. Liquid Silk also has the property of behaving very consistently during use, and is a favorite with some people.

6.3 Nonoxynol-9

6.3.1 As a Contraceptive

Nonoxynol-9 (N-9) is a substance which is commonly used as a spermicide; when placed in the vagina,

and used in conjunction with another form of birth control such as condoms, it is a very effective contraceptive.

6.3.2 As an STD Preventative

There is plenty of evidence that N-9 is an effective contraceptive. However, there is less evidence from the field (as opposed to the laboratory) that it helps in STD prevention. N-9 can be chemically harsh to the sensitive linings of the vagina, anus, and penile urethra, and in some cases it may cause microtears that could INCREASE the probability of pathogen transmission. If you are allergic to N-9 (evidenced by itching, burning, etc.) or experience ANY discomfort while using it which you do not experience when using comparable products without spermicides, then don't expose yourself to products containing N-9. Even mild discomfort may be a sign that any STD-preventative capabilities are being lost due to the mechanism described above. In addition, the fact that safer sex is being made uncomfortable for you will make you more likely to use safer sex precautions inconsistently; this is much worse than any theoretical benefit the N-9 could have provided.

If one is allergic or sensitive specifically to Nonoxynol-9, an alternative might be using products with Nonoxynol-15 or Octoxinol. As barriers, spermicides, and lubricants with these alternative spermicides are not nearly as commonly available as those with Nonoxynol-9, they will not be mentioned specifically in this document; however, you may always substitute them for Nonoxynol-9 products, if necessary. None of these spermicidal products should be used in the mouth.

7. Dropping Safer Sex Precautions

7.1 General Comments

Some people elect not to use barriers with their primary partner(s), once they are convinced that they are all disease free and none of these people whom they will be having unprotected sex with are going to acquire any diseases during the course of their relationship. They then use the most conservative safer sex precautions with all other partners, but not among themselves. This is sometimes called "latex monogamy." This arrangement is only safe if all the primary partners do not fail in their commitment to completely safe sex outside the primary group.

A common arrangement is to form "latex monogamy" with one's spouse. One may also choose, once the procedures below are completed, not to have any sort of sex with people other than one's spouse; this is termed "traditional monogamy." Abstinence is a choice for many, while for other people multi-partner or open relationships are preferred. The point is that one can have a healthy, love-filled life with no sexual partners, one sexual partner, two sexual partners, or many sexual partners. For a discussion of the challenges and joys of non-traditional relationship arrangements, read *Love Without Limits* by Dr. Deborah Anapol. The number of sexual partners you choose to have, and the number of intimate friends you choose to have, is entirely your decision. However, for those who wish to practice polyamory WITHOUT forming "latex monogamy" groups, it should be pointed out that, according to a recent analysis, "Consistent and careful condom use is a far more effective method of reducing HIV infection than is reducing the number of sexual partners" [Reiss and Leik, 1989]. Of course, even when safer sex precautions may be dropped because STD's are no longer a concern, there are some practices that one may wish to retain for other reasons. For example, it is sometimes advisable to continue to use condoms for penile/anal intercourse, even if neither partner is infected with any STD, because bacteria in the anus can (occasionally) cause an infection in the urethra of the penis.

The point should also be made strongly that, in general, test results are NOT a substitute for using barrier methods. Even if someone shows you an official negative test result, all that tells you is that they weren't infected at some time BEFORE the test. They could have become infected after the test was taken, and they could have become infected too soon before the test for the test to properly discern infection (this

"window period" is six months in the case of HIV). Many committed partners choose to continue to use safer sex precautions with each other; the decision to follow the steps below is entirely a personal one.

7.2 Steps Involved in Dropping Safer Sex Precautions

Note: "Primary Partners" are the group of people who wish to drop safer sex procedures with each other. They must all follow the steps below.

1. Use full barriers with everybody, including all primary partner(s), for over six months. Do not do anything even mildly risky during this time.
2. After six months (or more) have passed, everyone in the primary partners group gets a full battery of STD tests. They share the results with each other.
3. If everyone has turned up negative, the primary partners may now drop barriers with each other, but must remain careful from then on to use the most conservative safe sex procedures with everyone else, or possibly just not be sexually intimate with anyone else.
4. From this point forward, if even one of the primary partners forming this group is dishonest about his or her practices, or incompetent at safer sex with outside partners, it jeopardizes everybody's health in the group.

There is definitely a hierarchy of risk. When barriers are NOT being used, current evidence suggests that penile/anal intercourse is riskiest, followed (in decreasing order of estimated risk) by penile/vaginal intercourse, fellatio/cunnilingus/analingus, and finally manual anal/vulval/penile manipulation/penetration. Menstruation, ejaculation, and the presence of small cuts in the skin can further increase risk for some activities. It should be noted that, if the skin is unbroken and healthy and no cum or pre-cum is present, that manual/oral contact with the shaft of the penis (avoiding the head and urethra) is no different from manual/oral contact with any other area of unbroken and healthy skin. Most experts agree that urinating on unbroken skin (keeping the urine away from the eyes) poses little or no health risk.

Sex toys which are applied to the head of the penis or to the vulva, or which are used to penetrate the vagina or anus, should be protected with some sort of barrier as well, so they may be kept clean and used easily and safely with a variety of people. Condoms work well for anal and vaginal dildos as well as cylindrical vibrators. For small butt plugs, the condom may be stretched so that it fits over the base of the plug. Gloves work well for larger (Hitachi-type) vibrators. Please see the portion of this document concerning SM gear for further reference on some toy-related issues.

9. The Use of Barriers

9.1 Condoms

9.1.1 Selecting Condoms

Try a variety of condoms to find the brand that works for you. Often, some brands provide a better fit than others, and a good fit is important to the optimal operation of the condom.

Keep in mind the following:

For vaginally and anally penetrative sex, you should be adding lube from your bottle to the outside of the condom. Thus, whether the condom is pre-lubed is not important if you have lube of your own.

Uncircumcised men may find contoured condoms more comfortable, and circumcised men may find form-fit condoms more comfortable.

For use on penises, select a condom with a reservoir tip. For use on dildos or cylindrical vibrators, you may select a condom with a plain (non-reservoir) tip if you wish.

Lambskin condoms are ineffective in preventing HIV transmission, and should be avoided.

For fellatio, be sure you are using a condom without N-9. You don't need to add lube outside of the condom, obviously, but feel free to put some inside - perhaps a little more than usual. Also, see the portion of this document titled "Things That Make Your Barrier Taste Better" for more information.

Many people like Kimono MicroThin condoms. If you have no idea what brand of condom to buy, this brand might be a good starting point. They have no taste, and are fine for fellatio.<

Many people enjoy using the Reality female condom, which is a ringed cylindrical pouch that is placed in the vagina. As Reality covers area around the vagina as well as the vagina itself, it can provide some measure of protection against STDs that can be transmitted by surface contact. It is an excellent choice for male/female penile/vaginal intercourse in circumstances where the male partner will not or cannot wear a condom, and can be especially valuable for situations where the male partner has difficulty wearing condoms due to erectile inconsistency during intercourse. Latex male condoms and the Reality female condom tend to adhere to each other, and should not be used at the same time.

9.1.2 Caring for Condoms

Throw them away if they're past the expiration (EXP) date or four years past the manufacturing (MFG) date. Don't let them get punctured, or get exposed to temperatures outside their specified range (in particular, don't keep latex condoms in your wallet, in a glove compartment where they can overheat, or in the same pocket of a purse where the safety pins and keys are kept...). Be aware that it is possible to damage a condom during use by scraping it with fingernails, jewelry, and teeth. Removing heavy lipstick or lip gloss before performing fellatio over a latex condom can be a good idea if the lipstick or lip gloss used is oil-heavy.

9.1.3 Making Condom Use Pleasurable Through Psychology

To eroticize condoms (or gloves, for that matter), masturbate with them. If you really want to get used to the sensation of barriers, consider masturbating while wearing a condom, and using lube and a glove on the active hand. Select your favorite pornography, or pornography you suspect you are going to like, for this important process.

When you've found your favorite brand of condom, practice with it. Practice taking it out of the package without tearing it and practice putting it on (thinking about your favorite act of sex as you do so).

9.1.4 Instructions for Condom Use

Note: (+) indicates steps that are not applicable to dildos.

1. Don't contact the mouth, vulva, or anus of your partner until a condom
2. has been applied.
3. Remove the condom from the package carefully, and note which direction is "up" (discard the condom and put on another if you try to put it on upside down; the condom should be unrolled with the tube of latex emerging from the INSIDE of the ring at the base). Don't unroll the condom before putting it on.
4. Wait until you have a full erection before putting on the condom.
5. (+) If you want to put a small drop of lube inside the tip of the condom to increase sensation, then do so before unrolling the condom.
6. (+) If you're uncircumcised, pull your foreskin back.
7. (+) Roll the condom down, holding the top half-inch (or receptacle tip) of the condom between your fingers as you do so. This keeps out air bubbles, and helps the condom operate properly. It should leave a reserve space at the top end when the condom is entirely rolled down.

8. Roll the condom ALL the way down, then give the whole thing a good squeeze to help it stay on.
9. Apply lube to the outside of the condom (except for fellatio).
10. Check the condom periodically during sex, don't penetrate past the base of the condom, and reapply/reconstitute lube whenever necessary (especially when you feel the condom start to get hot).
11. If you ejaculate while having sex, hold the condom near the base and pull out while still hard.
12. (+) Remove the condom (possibly covering your hand with a tissue or towelette) and discard it in such a way that someone will not be exposed to it later.
13. You may then wish to wash your hands and/or genitals if necessary, or use a towel.

9.1.5 Comments on Condom Slippage and Breakage

When the steps listed in "Instructions for Condom Use" are followed correctly, and the condom has been cared for properly, it will very rarely if ever slip or break for most people. However, if you do experience slippage or breakage, then in the interest of keeping things simple, you should employ the relatively extreme procedures of using Retain Plus, replacing the condom periodically during sex, and/or wearing more than one condom at once only if ALL the other suggestions given below fail.

9.1.5.1 Prevention of Condom Slippage

9.1.5.1.1 Condoms that Can Help

* Beyond 7 (snug and thin), Lifestyle Snugger (snug), Exotica Snugger Fit (QUITE snug) * Mentor (it has a mild adhesive at the base)

9.1.5.1.2 Practices that Can Help

Note: (+) indicates steps that are not applicable to dildos.

Being sure to roll the condom ALL THE WAY down.

Squeezing the whole length of the condom once you put it on.

Using less lube inside the condom.

Using more lube outside the condom, and reapplying it often.

Checking the base of the condom periodically during sex, to make sure it is at the base of the penis or dildo, and not penetrating into the orifice of choice past the base of the condom.

Using Retain Plus, a new device designed to hold condoms on. One may order this product through mail order by calling 1-800-662-7574. (+)

9.1.5.2 Prevention of Condom Breakage

9.1.5.2.1 Condoms that Can Help

Any condom which is stronger than average, or stronger than the brand you experienced breakage with, should be of assistance (it should be noted, though, that condoms are rigorously tested by the FDA, and so there should be no condoms on the market which are patently and consistently unsafe). Sometimes breakage can be caused by using a condom which is much too small. It should also be noted that some of the same conditions which cause breakage can also cause slippage, so one should consider using a condom such as Mentor if breakage is a concern.

9.1.5.2.2 Practices that Can Help

Using more lube outside the condom and reapplying/reconstituting it often (possibly when you feel the condom start to get hot, or sooner), and replacing the condom every once in a while can help.

Intercourse that lasts for extended periods of time (which is especially common among practitioners of Tantric sex, methamphetamine users, and those who use cock rings) can especially benefit from this advice. As usual, it's a good idea to check condoms periodically during sex.

9.1.5.3 Recovery from a Condom Slipping Off or Tearing

Unless you are strongly allergic to N-9, apply a spermicide with N-9 liberally to/inside the affected genital areas of both partners, and let it remain there for at least fifteen minutes. Men may urinate and wash their genitals before applying the spermicide for substantial extra protection. Don't douche vaginally or anally following condom breakage; this will only push possibly infectious substances in further. In general, you may wish to always wash (possibly with Antimicrobial "Sani-Dex" Hand Wipes, Benzalkonium Chloride towelettes, or something similar) any areas of your body that come into contact with body fluids of another. If you believe that you have been exposed to an STD, see your health care provider as soon as possible.

9.1.6 Advanced Condom Use

9.1.6.1 Switching from Anal to Vaginal Penetration

If you plan to switch from anal to vaginal intercourse during sex, take care to avoid transmitting bacteria from one region to the other. Different barriers must be used to avoid increased risk of vaginitis. Basically, take off the old condom, and put on a new one.

9.1.6.2 Putting on a Condom with One's Mouth

1. Open the condom, and unroll it a little way
2. Open your lips into a letter "O"
3. Put the condom (making sure that it's facing the right direction) between your upper and lower lips, in front of the teeth
4. Holding on to the penis or dildo with one hand, put your mouth on that penis or dildo.
5. Tighten your lips and push down on the rim of the condom
6. Push from the neck to unroll the condom down the penis or dildo

9.1.6.3 Wearing Two Condoms At Once

The friction of latex on latex can cause problems for those who use more than one latex condom at once. The use of more than one latex condom at once is considered a last resort, after the suggestions in "Preventing Condom Breakage" have been followed and found to be insufficient.

9.1.7 General Comments on Studies of Condom Effectiveness

9.1.7.1 Myths About Condom Effectiveness Rates

Some myths persist about the preventative capability and functionality of condoms. Many commonly quoted statistics as to their effectiveness in preventing pregnancy, for example, include in the sample everyone who CLAIMED that they used condoms for contraception, whether they used the condoms consistently and correctly or not (in fact, many men who claim to be using condoms for contraception do not use them all the time). When used properly, the failure rate for pregnancy prevention of latex condoms can fall to 2% per year [Trussell, et. al., 1990]. An analogous argument may be made about condoms and STD prevention, and condom breakage.

The important thing to remember is that WHEN USED CORRECTLY AND CONSISTENTLY, latex condoms are VERY effective at reducing STD transmission and unwanted pregnancy. Furthermore,

when used properly, they VERY rarely slip or break.

9.1.7.2 Useful Studies of the Effectiveness of the Condom

In one famous study of 123 couples where one partner was HIV+ and one was not, and the couples used condoms every time they had sex, none of the non-infected partners became infected; of 122 couples where one partner was HIV+ and one was not, but the couples used condoms inconsistently, 12 uninfected partners became infected [DeVincent, 1993]. In another study, only 1 condom out of 237 slipped off during sex [Trussell, et. al., 1992].

9.2.1 General Comments

Safer sex gloves are made of virus-impermeable materials and may be used to protect both partners when engaging manual vulva, anus, or penile stimulation. Standard pre-powdered latex examination gloves are commonly available at drug stores, and more exotic gloves (longer gloves, gloves made of nitrile rather than latex, unpowdered gloves, or x-large/x-small gloves) may be obtained through mail order. When gloves are powdered, they are generally powdered on both sides; if the powder is an issue for you or your partners, you may purchase unpowdered gloves or rinse the powder on the outside of the glove off with running water. Be sure to remove any sharp objects (such as jewelry) from your hand before putting a glove on. You can wear more than one glove at a time (on the same hand) of different materials in cases where you or your partner are allergic to your preferred type of glove.

It is important for both comfort and effectiveness that your gloves fit correctly. Try different sizes on at a drug store which lets you buy them by the pair before you buy a whole box. You can make a rough estimate of your glove size based on the size of ordinary (clothing) gloves that you wear.

Some people like to wear finger cots or condoms on the fingers they will be using in the place of gloves; it is not clear what the advantage of this approach is over the use of gloves, unless gloves are not available.

9.2.2 Basic Manual Anal Penetration Safety

For any manual anal penetration, be sure your fingernails are VERY short. If your fingernails are too long, you can puncture your glove and/or make penetration uncomfortable for your partner. Be sure you are using a glove of sufficient length to protect the entire surface that will be exposed. It is also valuable to insert your hand such that the fingers are pointing away from the walls of the anus, rather than pointing into the walls of the anus.

Anal penetration is definitely a situation where an inch feels like a mile. As the anus does not provide its own lubrication, and as it is generally smaller and more fragile than the vagina, it is especially important to use sufficient lubrication. As was the case with penile/anal intercourse, this is a safer sex concern as well as a comfort concern. Finally, it is important to note that the natural curvature of the anal passageway is different from that of the vaginal passageway; one should proceed especially sensitively if one is accustomed to vaginal penetration rather than anal penetration. Examining a diagram is helpful. We suggest reading *Anal Pleasure and Health* by Jack Morin for more details on anal play.

9.2.3 Basic Manual Vaginal Penetration Safety

One should use a glove of sufficient length to protect the entire area that will be inserted into the vagina (i.e. don't use "finger cots" when a standard glove is needed), one should be sure that fingernails are not going to puncture the gloves or hurt the receptive partner, and one should apply lube **WHENEVER** it is necessary or desirable. Penetration should always stay within the comfort level of one's partner. Some women enjoy circular motions of the fingers while they are held at a constant depth in the vagina. Others

like concentrated massage of the area on the forward wall of the vagina, just beyond the pubic bone. A few enjoy having an entire hand in their vagina ("vaginal fisting").

The basic technique for vaginal fisting is to insert the hand slowly, always staying within the comfort level of the person being penetrated. The insertion is done with the fingers and thumb folded together, to form what looks like a duck bill. The farther in one goes, the more the hand has a tendency to naturally close into a fist; this is perfectly fine, and protects the hand from being hurt during the strong contractions that often accompany orgasm. Many people find that they "get stuck" when their hand is in to about the depth of halfway down the thumb; an advanced trick that may be used at this point is to slightly splay open the fingers and thumb; this may cause the hand to naturally slide in past the "sticking point." Of course, the depth of vaginal penetration is limited by the cervix, which may be found about six inches into the vagina. Vaginal fisting is much easier to perform if you have small hands; this is also the case for handballing. If you "get stuck", inserting an extra finger can break the suction.

One should never perform vaginal fisting on the surgically constructed vagina of a post-operative male-to-female transsexual.

9.2.4 Advanced Glove Use

9.2.4.1 Special Tricks and Techniques

For different sorts of sensations, you can put little beads (or other non-sharp objects) between the glove and your fingers. Rings without any sharp edges can also serve this purpose.

The penetrator's sensation may be increased by putting a little water-based lube on the fingertips before putting on the gloves.

If you wish to engage in cunnilingus (or anilingus) at the same time you are manually penetrating the vagina, the following approach can be valuable: using a longer glove if possible, slit it up both sides (stopping as you get to the wrist) to form a flap that you can then fold up and use as an oral barrier. By cutting the glove in this way, you will have two flaps so that manual penetration may be done with the palm up or the palm down. This glove modification technique works well with latex gloves, and poorly with nitrile gloves. As it is difficult to remove any powder from the inside of a glove, unpowdered gloves are preferable if this technique is going to be used.

9.2.4.2 Comments on Handballing ("Anal Fisting")

The basic technique is to insert the hand slowly, always staying within the comfort level of the person being penetrated. The insertion is done with the fingers and thumb folded together, to form what looks like a duck bill. The farther in one goes, the more the hand has a tendency to naturally close into a fist; this is perfectly fine, and allows depth of penetration. Many people find that they "get stuck" when their hand is in to about the depth of halfway down the thumb; an advanced trick that may be used at this point is to slightly splay open the fingers and thumb; this may cause the hand to naturally slide in past the "sticking point." In general, it is better to go inward while the receptive partner is exhaling rather than inhaling, and to let their interior muscles "pull you in" as they are ready for more.

Breathing deeply, relaxing, and being still are important for the receptive partner (especially at the beginning), and the receptive partner should also have flushed his or her lower GI tract out beforehand with a gentle solution so that any feces are not caused to abrade against the walls of the rectum. For details on this cleansing procedure, and for much more information which is necessary to perform handballing safely, we strongly urge you to read *Trust: The Handballing Book* by Bert Herrman. Deep anal penetration can be dangerous if done carelessly, and this book discusses safety concerns relevant to everything from basic handballing to transverse-colon depth fisting.

The primary danger involved in handballing other than disease transmission is potential damage to the

anal/rectal tissues. It is very important not to push the receiving partner faster or harder than he or she wishes. Sharp pain is a very bad sign. Sensitivity, caution, and the liberal use of lube is necessary to avoid damage. Also, the use of mind-altering substances is to be avoided in handballing; they can block pain sensations for the receiving partner which might be a signal that the inserting partner needs to back off.

As a handballing session may require an hour or more for the anal sphincters to dilate to the point necessary to accommodate an entire hand, it is important that the anal passageway be well lubricated for long periods of time. As water-based lubes need to be reapplied or reconstituted often, oil-based lubes such as Crisco (regular, not butter-flavored) have traditionally been popular among handballers. Of course, the difficulty with oil-based lubes is that they break down latex.

There are a number of potential solutions to this problem. Some handballers note that latex examination gloves are thicker than latex condoms and insist that for moderate amounts of time they CAN be used with oil-based lubes (perhaps changing them periodically during VERY lengthy play). Indeed, from Mr. S. Leathers one can obtain special thick latex handballing gloves (imported from Holland) which go to either the elbow or to the shoulder; these gloves were especially designed for handballing.

The author of this document recommends avoiding the whole issue by using gloves made of a substance called nitrile, which does not degrade in the presence of oils. Nitrile gloves are available from Conney and may be purchased in 9", 11", and 18" lengths.

Advanced handballers have been known to penetrate through the rectum all the way into the transverse colon, which means that the person doing the penetration may have their arm inserted beyond the elbow to near the shoulder. There are some health care professionals who say that unless there are visible cuts on the arm, that it is OK to penetrate to beyond the base of the glove (though if one is going to follow this advice, one should at least cut the cuff off of the glove for comfort). The author of this document recommends the more conservative approach of using longer gloves for deeper penetration, such as those available from Conney or Mr. S. Leathers.

Some sources recommend using calving gloves, which may be obtained from veterinary shops. The only comments that should be made is that many calving gloves are made of vinyl, which is not tested for safer sex as completely latex has been and which has a texture that many people find very uncomfortable; furthermore, the latex calving gloves are often nearly as expensive as the specially-designed latex handballing gloves mentioned above, which makes them much less attractive as an option.

Since deep handballing requires longer gloves, and longer gloves are thicker, it is especially critical in deep handballing to listen carefully to comments about comfort from the receiving partner, and to apply lube OUTSIDE the glove liberally.

Be very cautious about engaging in penile/anal intercourse after handballing. After a deep handballing session, it can take up to two or three days for the anal/rectal membranes to fully recover; this means that they are more likely to allow transmission of an STD. Also, since the most commonly used lube for handballing is oil-based (regular Crisco), the presence of oil in the anus and rectum can degrade any latex condom that comes into contact with them. Thus, if one is going to follow a handballing session with anal intercourse, a polyurethane condom such as Avanti should be used, and EXTREME care should be taken that the integrity of this barrier is maintained (this author would recommend wearing an Avanti condom over a thin latex condom, and practicing with this combination beforehand to be sure that it works well for you).

9.3 Oral Barriers

9.3.1 General Comments

Oral barriers are some manner of flat, virus-impermeable material which may be used to protect both partners when engaging in analingus and cunnilingus.

Here are a few general tips on their use:

One may always increase the amount of pleasurable sensation transmitted to the receiving partner by putting a small amount of lube on THEIR side of the barrier.

If you're concerned about inadvertently reversing the oral barrier, use a marker to inscribe a non-reversible letter (such as "F") on the barrier; this way, the letter will be reversed if you turn the dam around and the error will be obvious to you.

One may purchase a "Dental Dam Garter Belt" from companies such as Good Vibrations which holds square of material in place over the vulva, so that with oral barriers such as dental dams and Glyde "Lollyes", nobody has to hold it in place. Some people find it preferable to hold the barrier in place themselves, though.

9.3.2 Types of Oral Barriers

9.3.2.1 Dental Dam

This is a small, thick square of material which was traditionally used in the dentist's office. In the early days of AIDS education, these were recommended exclusively. People found them so difficult to use and so ineffective at transmitting sensation that many rejected the use of oral barriers entirely. Fortunately, there are other oral barriers available today which transmit sensation MUCH better than dental dams. All of the barriers mentioned below are thinner than dental dams, and transmit sensation better. If your dental dam is powdered, you will definitely want to rinse off the powder before using it.

9.3.2.2 Saran Wrap

The point of this barrier is to form "Bermuda shorts" that stay in place during cunnilingus and analingus without as much need to hold them in place. One should definitely use some lube on the vulva or anus before applying the barrier to increase sensation and comfort. Most people who have tried all the methods described in this section prefer either the Saran Wrap barrier or the Glyde barrier. Here is how you can form Saran Wrap into the Bermuda Shorts barrier used for cunnilingus and analingus:

1. Cut yourself about five feet of Saran Wrap, and keep it as uncrumpled as possible when making the journey from the roll to the person it will be applied to (or just keep it on the roll, and apply it from the roll).
2. At about the level of the navel, smooth one end of the Saran Wrap against the receiving partner's belly.
3. The person the Saran Wrap is being applied to should then hold this part by their navel in place and keep his or her legs separated while the rest of the Saran Wrap is wrapped between
4. At the level of the waist in the rear, the Saran Wrap may be turned at a ninety-degree angle and wrapped around the waist like a wide belt, to hold the "Bermuda Shorts" in place.
5. Optionally, the Saran Wrap can then be wrapped around twice and pressed/tucked in for extra security.

If your partner will be lying on his or her back, you can simplify this procedure by having the receptive partner lie down on one end of the Saran Wrap strip, thus anchoring it, while you bring the other end of the Saran Wrap between his or her legs to place that end on his or her stomach. The receptive partner then holds this end of the Saran Wrap in place while you perform oral sex on him or her.

Some people recommend performing manual anal or vaginal penetration while using Saran Wrap; they

merely slip their (gloved) fingers around the side of the Saran Wrap and penetrate.

One advanced technique which may be used on men is to make a series of wraps around the whole pelvis horizontally with Saran Wrap, after adjusting the penis so it is pointing downwards. This serves as a bondage technique for the genitals, and allows a frustrating level of manual and oral stimulation to be performed on it through the Saran Wrap.

9.3.2.3 Glyde "Lollyes"

These square barriers are thinner than dental dams and have a mild vanilla taste. They are highly recommended for those who wish to have a portable oral barrier and find that they may not discretely carry about a roll of Saran Wrap. These barriers are a favorite with many people, and unlike Saran Wrap rolls will fit in a hip-pack sized safer sex kit.

At the time this document was written, test samples were available of a new large rectangular oral barrier which might be released to the general public in mid-1996; this barrier is EXTRAORDINARILY thin, and will probably be sold under the trade name "Latex Squares" or "Jiffies."

9.3.2.4 Modified Condoms

One may partially unroll the condom, cut off the tip, slit it up the side, stretch it out, and use that as a barrier. Some people like to cut off the base as well. Be sure that you have selected an good-tasting condom without N-9 if you're going to do this.

9.3.2.5 Modified Gloves

One may snip the fingers off of a glove (leaving the thumb in place), and slit it up the pinkie side. Then, you have a barrier with a depression (where the thumb used to be) where your tongue may go. This works well for some people. If you don't like the thumb indentation, you can slit it up the thumb side, and remove the thumb as well as the fingers. Some people like to snip off the base as well. As it is difficult to remove any powder from the inside of a glove, unpowdered gloves are preferable if this technique is going to be used.

9.3.2.6 Combination Glove and Dental Dam

If you like performing cunnilingus or analingus at the same time you are performing manual vaginal penetration, here is a clever approach. Put on a glove (possibly one which is longer than normal), slit the glove up both sides (stopping as you get to the wrist), and fold the resulting flap up to serve as the oral barrier while your gloved hand is free to penetrate. This technique works well with latex gloves, and poorly with nitrile gloves. As it is difficult to remove any powder from the inside of a glove, unpowdered gloves are preferable if this technique is going to be used.

9.3.2.7 Eros Veil

This is a product which is essentially Saran Wrap shaped to fit the human pelvis and designed to "bunch up" less.

9.3.2.8 Face Shield

This is a new barrier which the person performing the cunnilingus or analingus puts over his or her head, like a ski mask. It has an indentation where the tongue may go and move about. It isn't commonly available yet, and may be uncomfortable for people with facial hair.

10. Special Notes on SM Safety

SM sensuality is at its most safe when all participants know what they are doing (both technically and emotionally), and when the "bottom" (the person on the receiving end of the intense sensations) has a "safeword" which, when used, will stop play immediately.

If you break the skin with a toy, or if it comes into contact with vaginal fluids or semen, then don't use that toy on someone else until it has been cleaned adequately. To clean many types of toys (especially ones made of metal, plastic, or rubber), one may use a 10% bleach/90% water solution, preceded by washing with hot soapy water and followed by rinsing with a rag soaked in hot water. Leather items should be treated (possibly with saddle soap and Neat's Foot Oil) after cleaning to avoid the leather cracking or drying. In general, you should inquire about disinfection procedures for toys (especially leather items) at the time of purchase. Note that Hepatitis-B is especially difficult (if not impossible) to kill on the surface of leather items, and that suede whips are not easy to clean without damaging them; both of these are strong reasons for obtaining the Hepatitis-B vaccination. If a toy cannot be adequately cleaned, then from that time forward it must be reserved only for the person it was being used on.

For play piercing, needles should be purchased sterile (from a medical supply shop such as Choice Medical, or from a scientific supply shop such as Fisher Scientific) and discarded in a sharps container after use. One should not dispose of sharps containers in the trash, but rather should drop the sealed container off at either a Drug Emporium shop or a hospital emergency room. Be sure to first clean the area that will be pierced with one of more of the following: Betadine, Benzalkonium Chloride, or 70% rubbing alcohol; these substances can be applied with a paper towel, or can (preferably) be utilized in the form of pre-packaged cleansing towelettes. It is recommended that you wear gloves when performing blood-letting activities such as cuttings. If a metal cutting/piercing instrument is not disposable, immerse it in a solution of 50% bleach/50% water for for 10 minutes, and then rinse thoroughly; it is preferable, however, that non-disposable cutting/piercing instruments be reserved for only one person if possible.

There are safety procedures for these and a variety of other SM techniques which are more stringent than the ones described above, and which many people choose to follow. Please consult a modern text on SM safety, such as (but not limited to):

The Lesbian S/M Safety Manual, by Pat Califia
Sensuous Magic, by Pat Califia
Screw the Roses: Send Me the Thorns, by Phillip Miller and Molly Devon
On the Safe Edge, by Trevor Jacques et. al.
The Loving Dominant, by John Warren
SM 101, by Jay Wiseman
SandMutopian Guardian (magazine)

It is generally best to learn advanced ("edge") techniques from someone who knows what they are doing before proceeding with such play. Public workshops on SM, if they are available in your area, can be a valuable resource. Also, don't be afraid to call 911 if an emergency condition arises; ambulance crews have seen stranger things than anything you could possibly come up with.

Despite these precautions, however, it should be pointed out that many common BDSM practices (such as floggings that don't break the skin, psychological domination and submission, bondage, nipple pinching, spanking, use of hot wax or clothespins, etc.) offer absolutely no potential for STD transmission. In fact, part of the current surge of interest in BDSM practices such as these may be caused by their relative safety from STD risks.

11. Forming a Toy Bag

11.1 General Comments

Depending on your preferences, you may use and wish to have on hand a variety of different equipment when you go to play with someone. For that reason, it can be useful to put together a safer sex/sex toy bag. Your toy bag can be a hip pack or small duffel bag containing the different items you use. Small items or easily confused items (i.e. different sizes of gloves) can be arranged in little labeled zip-lock bags. This can prevent unnecessary awkward fumbling in the heat of passion.

11.2 Basic Contents of a Toy Bag

- Latex condoms without N-9

- A bottle of water-based lube

- Latex or nitrile gloves in your size (and possibly a few other standard sizes, if your hands are especially large or small; this way, you will always have a glove that a partner may use on you)

- Oral Barriers (whichever kind you prefer)

You may also wish to have...

- A large zip-lock bag labeled "Trash/Biohazard" that you can put spent safe sex gear into in group sex situations, or when having sex in unusual places such as the outdoors.

- Antimicrobial "Sani-Dex" Hand Wipes or Benzalkonium Chloride towelettes (for cleaning up and removing condoms)

11.3 Recommended Extras for a Toy Bag

- Quarters for phone calls

- Several bus tokens

- A list of phone numbers for friends, emergency hotlines, and transportation information

- Spare medication (if you take any)

- Saline solution and a case for your contact lenses (if you wear them)

- Toothbrush, toothpaste, and other overnight sundries

12. General Principles of STD Prevention and Treatment

12.1 The Basic Principle for Prevention

Avoid the possible exchange of body fluids, and avoid unprotected contact with inflamed surface regions.

12.2 General Comments

One in 6 people in the US are infected with some sort of STD [American Social Health Association, 1991].

Microtears in the gums (perhaps aggravated by recent brushing or flossing), finger cuticles, penis, vagina, or anus can cause a breach where a virus or bacterium may enter, even if the tears are not visible or noticeable. Pathogens can also enter the body after landing on the eyes. Basically, one should avoid any situation in which the body fluids of another might make their way into one's bloodstream or contact one's mucous membranes.

Some diseases show no symptoms, and the people carrying them may not know they are infected or show any noticeable signs for years, though they can still transmit the disease to you. When symptoms are observed, common ones are pain when urinating, discharge or odd smell from genitals, itching,

burning, or pain in genitals (and sometime lower abdomen), warts, sores, or discolorations on genitals, and flu-like symptoms. There are other symptoms as well; see your health care provider if you have any questions.

Some STD's (such as Herpes and Hepatitis-B) may be spread by contact with the general areas of the genitals, anus, or mouth. Rashes or outbreaks are often a sign of infection and contagiousness, though it is possible for some of these diseases to be transmitted when there are no visible symptoms.

It is a myth that one may acquire "immunity" to STDs. Two other myths are that one cannot have more than one STD at once (you can have many at once), and that one needs to have multiple partners to acquire an STD (one is sufficient). HIV and hepatitis may be spread through sharing drug or steroid needles with someone who is infected. In many cities, such as Seattle, one may go to a needle exchange program for clean needles. However, the best approach to the needle problem if you're an injecting drug or steroid user is to obtain a supply of sterile syringes and needles for yourself, and NEVER use a rig that has been used by somebody else. It is true that you can clean somebody else's works, but if you need a fix you may not be willing to sit through the sterilization procedure, which takes time.

However, if using clean equipment is not an option, the following procedure may be used. Pour 100% bleach (i.e. Clorox) into a container and repeatedly (3-4 times) draw the bleach into the needle up to the top of the plunger, keep it there for a few minutes, and then eject it down a drain (you can alternatively just take your rig apart and soak it in 100% bleach for about 10 minutes). After this step, rinse everything in cold running water for a few minutes. If a cooker is used, wipe it with a bleach-soaked cotton ball, and then rinse the cooker with cold water and discard the cotton. Never share any of the water, bleach, or cotton once it has been used during this procedure with someone else.

12.3 Comments on Specific Diseases

12.3.1 HIV/AIDS

HIV can be found in four body fluids: blood, semen (and precum), vaginal fluids, and breast milk. An incident of transmission through deep kissing or casual contact has not yet been confirmed, and there have been no documented cases of HIV being transmitted through casual contact in the schools or workplace.

Some people assume that HIV/AIDS is a disease limited to gay males. The facts are that worldwide, heterosexual transmission accounts for 75% of AIDS cases [Novello, 1991], and that women may transmit the virus to other women.

The fact that someone looks healthy gives you no information as to their disease status; people may carry HIV and infect others with it before they exhibit a single symptom or know they are infected. Also, the fact that someone was HIV negative a while ago means little if their behavior has not been safe since that time, and the fact that someone just passed an HIV test may not guarantee that they are not infected and not contagious (generally, it can take up to six months from the time of initial HIV infection for the presence of the virus to be detectable by the HIV tests). For these reasons and others, most STD prevention organizations are now emphasizing the widespread use of safer sex rather than widespread disease testing.

HIV infection eventually causes death in almost all cases.

12.3.2 Hepatitis-B

There is a permanent vaccine against Hepatitis-B, which you might consider getting. The vaccine consists of a series of three shots over a period of six months, and costs around \$130 total (though insurance or

your employer may cover it under certain circumstances). The vaccine is effective only if the series of three shots was completed a period of time before you are exposed to the virus. This vaccine may be obtained at most hospitals and student health clinics.

12.4 Common STD's

12.4.1 Curable

Note: Although these are "curable", they may cause damage if they go untreated for lengths of time.

- Chlamydia
- Gonorrhea
- Syphilis

12.4.2 Incurable

Note: Although these are "incurable", medications are available which may ease some of the symptoms.

- Herpes
- Hepatitis-B
- HIV

13. Reference Information

13.1 Videos

* Safe is Desire

This video features only women, but through discussion of the use of condoms with penises and demonstration of their use with dildos it covers pretty much everyone.

13.2 Books

* The Good Vibrations Guide to Sex, by Cathy Winks and Anne Semans. Cleis Press, Inc. (1994). ISBN 0-939416-84-0

* Choices: Sex in the Age of STDs, by Jeffrey S. Nevid. Allyn & Bacon (1995). ISBN 0-205-17204-0

* Human Sexuality Today, 2nd Ed., by Bruce M. King. Prentice Hall, Inc. (1996). ISBN 0-13-014994-2

For books on SM/kink safety, Circlet Press carries a good selection. They be reached by mail at:

Circlet Press, Inc. 1770 Massachusetts Ave. #278 Cambridge, MA 02140

You can also browse their catalog over the World Wide Web at:

<http://www.apocalypse.org/circlet/home.html>

13.3 Phone Numbers

13.3.1 National

13.3.1.1 Education

Note: Call these numbers if, regardless of where you live, you have any questions about STD's, safer sex, or where you may obtain treatment or testing. Note that anonymous testing is generally preferable to confidential testing.

National STD Hotline: (800) 227-8922

National AIDS Hotline: (800) 342-2437

National AIDS Info Clearinghouse: (800) 458-5231

San Francisco Sex Information: (415) 989-7374

13.3.1.2 Supplies

Good Vibrations: (800) 289-8423 (general sexuality)

Blowfish: (415) 285-6064 (general sexuality)

Mr. S. Leathers: (415) 863-7764 (elbow/shoulder length latex gloves) Conney: (800) 356-9100 (nitrile gloves)

Fisher Scientific: (800) 766-7000 (medical and scientific supplies)

13.3.2 Local (Seattle)

13.3.2.1 Education/Health Care

NW AIDS Foundation: (206) 329-6923 (STD education and care/testing referral)

AIDS Prevention Project: (206) 296-4999 (STD education and care/testing referral)

Planned Parenthood: (206) 328-7700 (birth control, abortion, sterilization)

UW Health Educator: (206) 543-6055 (health information for UW students)

Hall Health Center: (206) 685-1011 (health care for UW students)

SKIN: (206) 368-0384 (lectures on SM safety)

13.3.2.2 Supplies

The Rubber Tree: (206) 633-4750 (safe sex supplies - national sales through catalog)

Toys in Babeland: (206) 328-2914 (books, toys, videos, etc. - national sales through catalog)

Scarecrow Video: (206) 524-8554 (video rental) Choice Medical: (206) 329-1668 (medical supplies)

Note: Basic safe sex supplies are available at 24 hour Bartell Drug Stores, and 24 hour supermarkets

13.4 Society for Human Sexuality Contact Information

WWW Home Page: <http://weber.u.washington.edu/~sfpse/>

The Society for Human Sexuality WWW Home Page will contain the latest version of this document, schedules of upcoming events, and informational files on a myriad of topics related to human sexuality.

E-Mail: sfpse@u.washington.edu

Comments about this document, requests to reprint it, and questions may be sent to the e-mail address given above.

Mailing Address: University of Washington Society for Human Sexuality SAO 141 Box 352238 Seattle, WA 98195

If you would like to support the Society for Human Sexuality in its efforts to provide quality education on human sexuality, please feel free to mail a donation to the address given above. Checks may be made out to Society for Human Sexuality.

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